

20007

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 25 1943 18

1003

Registration District No.

Primary Registration District No.

Registrar's No. 5507

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....2 Days,
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME.....Anna Schrufer,

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex.....Female, 5. Color or race.....White, 6. (a) Single, widowed, married, divorced.....Widowed,

6. (b) Name of husband or wife.....John Schrufer, 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased.....July 29, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 10 15 hr. min.

9. Birthplace.....Louisville, Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation.....At Home

11. Industry or business.....

12. Name.....Henry Buschmann

13. Birthplace.....Germany
(City, town, or county) (State or foreign country)

14. Maiden name.....Elizabeth Wilkens

15. Birthplace.....Germany
(City, town, or county) (State or foreign country)

16. (a) Informant.....Beatrice Schrufer

(b) Address.....4737 Virginia Avenue

17. (a) Burial (b) Date thereof.....6/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Calvary Cemetery

18. (a) Signature of funeral director.....Edmund Benz Montuary

(b) Address.....2842 Meramec Street

19. (a) JUN 18 1943 J. F. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....00
(c) City or town.....St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.4737 Virginia Avenue
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....June day.....14th
year.....1943 hour.....12 minute.....05 P.M.

21. I hereby certify that I attended the deceased from.....Dec. 4, 1942 to.....June 14, 1943
that I.....alive on June 14, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....Cerebral Hemorrhage
Duration.....2 days

Due to.....Arteriosclerotic Cardio Vascular Disease
Hypertension Cardiovascular Disease

Due to.....Nephrosclerosis
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....121

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?.....
(Specify type of place) (e) Means of injury.....

23. Signature.....G. O. Brown (M. D. or other).....MD
Address.....1325 S. Grand Date signed.....6/15/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____ me
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Joe S. Benz
Licensed Embalmer No. 4248
2342 Meramec Street
P. O. Address St. Louis, Mo.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.